



HEADQUARTERS  
COMBINED JOINT TASK FORCE SEVEN  
BAGHDAD, IRAQ  
APO AE 09342-1400

REPLY TO  
ATTENTION OF:

CJTf7-SU

12 February 2004

MEMORANDUM FOR See Distribution

SUBJECT: CJTF-7 Policy on Malaria Prevention

1. References.

- a. USCENTCOM Surgeon (MC) MSSG DTG: 11/3/2003 4:00:00 PM Organizations  
SUBJ: Mod 5 To USCINCCENT Individual Protection And Individual/Unit Deployment Policy
- b. CFLCC Policy Memorandum 04-61 06 January 2004 Third U.S. Army Policy On  
Malaria Chemoprophylaxis
- c. USACHPPM Technical Guide 273, "Diagnosis And Treatment Of Diseases Of  
Tactical Importance To U.S. Central Command,"
- d. Technical Manual NEHC-Tm Pm 6250.1 (September 2000) Navy Medical  
Department Pocket Guide To Malaria Prevention And Control
- e. Hunter's Tropical Medicine, Strickland, Ed., Saunders, 7th Edition, 1991
- f. Principles And Practice Of Infectious Diseases, Mandell et. al., Churchill  
Livingstone, 4th Edition, 1995
- g. Manson's Tropical Diseases, Cook, Ed., Saunders, 1996
- h. Defense Intelligence Agency Defense Analysis Report (U-145, 052-03/MA-2), 11  
December 2003 Iraq: Update on Malaria Risk and Drug Resistance
- i. Appendix C, Field Sanitation Team Materials, FM 4-25.12, Unit Field Sanitation  
Team.
- j. DA G1 PPG ISO Contingency Operations, Annex E (Medical and Dental) 9JAN04

2. PURPOSE: Establish CJTF-7 policy for malaria prevention in 2004 malaria Transmission Season.

3. APPLICABILITY: All US military and US civilian personnel under the operational control of CJTF-7.

4. BACKGROUND: Malaria is a preventable infectious parasitic disease spread by mosquitoes. Prevention of malaria can be achieved through use of area preventive measures (mosquito suppression spraying), personal protective measures, and malarial chemoprophylaxis. The risk of contracting malaria in Iraq is found in the Northern, Eastern and Southeastern Governates of Iraq.

## 5. POLICY AND PROCEDURES:

a. Malaria Season and Locations: U.S. personnel exposed for more than 7 cumulative days between 01 APR 04 through 31 NOV 04 in MND-N, MND-SE, MND-C, MND-CS north of ASR Boston will take malaria prophylaxis for the duration of their exposure plus 4 weeks. Post-Exposure Terminal Prophylaxis with Primaquine is required for Soldiers with normal G6PD activity. Baghdad and much of western Iraq are malaria-free. Coalition personnel will comply with their national policies.

### b. Malaria Prophylaxis:

1) Chloroquine is the drug of choice due to better compliance, suitability for prolonged administration, and lower incidence of side effects. Chloroquine is authorized for personnel on flight status. Begin weekly chloroquine, one 500 mg tablet by mouth on 01 APR 04 or 2 weeks prior to arrival in country. Continue through 01 NOV 04.

2) For personnel with contraindications to Chloroquine alternative medications include CDC-recommended and FDA approved antimalarials in the DoD formulary (Doxycycline, Malarone, and Mefloquine). With any medication, Health Care Providers should consider the side effect profiles and the service member's medical history before prescribing.

3) Informing service members of benefits of taking antimalarials and the risks associated with the specific medication prescribed is important to ensuring compliance and in identifying those who are having a problem with the drug they taking so they can be given an alternative.

4) Service members prescribed antimalarial medications must be informed and given written material of the benefits and risks associated with the medication. Risk communication products are available for each of the antimalarials from CHPPM at <http://chppm-www.apgea.army.mil/dmis/documents/>

5) This risk communication must be documented in Soldier's medical record.

### c. Post-Exposure Terminal Prophylaxis:

1) All Army Soldiers are to be tested for Glucose 6 Phosphate Dehydrogenase (G6PD) Erythrocyte deficiency prior to the prescription of Primaquine.

2) Post-Exposure Terminal prophylaxis for Soldiers with normal G6PD activity consists of Primaquine 15 mg per day for 14 days taken concurrently with 4 weeks of post-exposure chloroquine to start with end of exposure to *P. vivax* malaria, (end of season or upon departure from the theater).

### d. Glucose 6-Phosphate Dehydrogenase (G6PD) Deficiency Screening:

1) All Army personnel (Soldiers, civilians, and other beneficiaries) will be screened for G6PD deficiency before receiving a prescription for, or being issued Primaquine phosphate for malaria prophylaxis. A single screening test is sufficient.

2) G6PD Results will be posted on the Service members DD2766 and will be entered into MEDPROS or other Service-Specific health data system.

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e. Personal Protective Measures (PPM): Commanders will stress personal protective measures against malaria for all soldiers. These measures include the application of DEET to exposed skin, blousing pants into boots, sleeves worn down, treating uniforms with permethrin, and sleeping under a permethrin treated bed net. These items are available through the U.S. military supply system.

f. Field Sanitation Teams (FST): Field sanitation teams should be properly trained and equipped IAW FM 4-25.12, Unit Field Sanitation Team to assist the unit command in ensuring that soldiers have access to the equipment and training necessary to effectively implement personal protective measures.

g. Mosquito Surveillance: Preventive medicine personnel will engage in mosquito surveillance and suppression. Preventive medicine personnel should test pools of *Anopheles* mosquitoes for malaria using VecTest. Positive pools should be reported to the CJTF-7 Preventive Medicine Officer.

6. CENTCOM malaria prophylaxis policy designates Component/CJTF Surgeons as the approving authority to modify malaria chemoprophylaxis practices for their subordinate units based on latest intelligence and ground truth

7. The point of contact is the CJTF-7 Preventive Medicine Officer (DNVT 302-559-1941 or DSN 318-822-1639).

//Original Signed//  
JAMES E. BRUCKART  
COL, MC  
CJTF-7 Surgeon

Enclosures:

1. Executive Summary CJTF-7 OIF -2 Malaria Prophylaxis Policy, 12 FEB 04
2. Deployment Education Sheet Malaria
3. Chloroquine Tablets 10-23-01 Deployment Medication Information Sheets
4. Primaquine Phosphate Tablets Deployment Medication Information Sheets
5. Atovaquone and Proguanil (Anti-Malarial Medication) Deployment Medication Information Sheets
6. Navy Medical Department Pocket Guide to Malaria Prevention and Control SEP 2000